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PTO/SB/17 (12-04)
Approved for use through 07/S1/2008, OMB 0851-0032
U.S. Peterst and Trademark Orice, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)			ы —					
FEE TO A LICENSTITY AT			_^	pplication Number		February 5, 2005		
FEE TRANSMITTAL				ling Date	Discoil et al			
For FY 2005			<u> </u>	irst Named Inventor				
Applicant claims small entity status. See 37 CFR 1.27			─ _€	xaminer Name	+	Vasudeva Ajay		
				rt Unit	351/			—)
TOTAL AMOUNT OF PAY	MENT (\$)	1,380 00	14	storney Docket No.	6818-64			=-{
METHOD OF PAYMENT (check all that apply)								
Check Credy Card Money Order None Other (picase identity):								
Deposit Account Deposit Account Number 50-0991 Deposit Account Name AKERMAN SENTERFITT								
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
washing- information on this form may become public. Credit card information should not be included on this form. Provide credit card								
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FEE CALCULATION								
1. BASIC FILING, SEA	RCH, AND	EXAMINATION FE	ES		AMINATIC	N FFES		
	FILING	FEES S	EARC	Small Entity	Sma	III Entity	Fees Paid (S)
Application Type	Fee (\$)	Fee (\$) E	co (\$)	Fee (\$)		<u>en (5)</u>	1000	
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Design	200	100 l	100	50	130	65 -		_
Plant	200	100 3	300	120	160	80 -		_
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Provisional	200	100	0	0	0	0 -		II Entity
2. EXCESS CLAIM FE	ES .							ee (\$)
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 200 100								
Each claim over 20 or, to Each independent claim	over 3 or, f	or Reissues, each n	ndeper	ident claim more t	han in the	original paten	τ 200	100 180
Multiple dependent class	ns	•					360	100
Total Claims		<u>xtra Claims Fee (3)</u> E		ic (\$) M	Fee (\$)	itiple Dependent Claims Fee (\$) Fee Paid (\$)		
- 20 or mP = mP = highest number of total	comp nya to	x = . / at pre-atien 1080, 20			150 151			
Indeo, Claims	Extra Claim	s Fee (\$)	Fee P	aid (\$)				
HP = highest number of inde	nendent claims	paid for, if greater than	3	` .			•	
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**	and depression to	exceed 100 sheets	of pap	er, the application	size fee d	ue is \$250 (\$1)	25 for small	enuty)
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Total Sheets	Extra She	ele vilupal	of each	(conug ab to 8 ayo	ACTION MEN		_=	
Fees Paid (\$)								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Non-English Specification, \$130 fee (no small entry discount) Other. Three Month Extension of Time less \$450 already paid (\$570); RCE Filing Fee (\$790) \$1,360.00								
Other. Three Month I	Yeusigu of 1	HIM DOS THAN BURELLY						
SUBMITTED BY		-		Peristration No	205	Telephone	(561) 652	-5000
Signature Registration No. 46,665 Telephone (561) 653								
Date November 2, 20								<i>(</i> 0)

Name (Print/Type) Michael K. Dixon This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefix by the public which is to file (and by the USPTO to process) an application. Confidentisatry is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, unduling gamening, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any confirmant unduling gamening, preparing, and submitting the complete the form and/or suggestions for reducing this purities, should be sent to the Chief information Officer, U.S. Paters and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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